138497

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FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY SKAMANIA CO. TITLE

JUN 30 1 25 PM '00
D Lowry
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name Pauline Hathaway
Address 2610 SE 164th Street
City / State Vancouver, WA 98683

Document Title(s): (or transactions contained therein)
1. Death Certificate
2.
3.
4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

First American Title Insurance Company

(this space for title company use only)

Grantor(s): (Last name first, then first name and initials)
1. Hathaway, Clifford Francis
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
20923
JUN 30 2000
PAID Exempt
SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)
1. Hathaway, Pauline C.
2.
3.
4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)
Lot 2 Sunshine Acres, according to the recorded plat thereof recorded in Book A of Plats, Page 24, in the County of Skamania, State of Washington.

Gary H. Martin, Skamania County Assessor
Date 6/30/00 Parcel # 1-5-11-1-2100

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 01-05-11-1-0-2100-00

WA-1

NOTE: *The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.*

Unofficial Document

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

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STATE FILE NUMBER

1. NAME — First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo., Day, Yr.)			
Clifford	Francis	HATHAWAY	Male	November 9, 1998			
4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR MOS. DAYS	6. UNDER 1 DAY HOURS MINS.	7. BIRTHDATE (Mo., Day, Yr.)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH	
90			4/6/1908	Roseburg, OR	Yes	Clark	
11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH — ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG TREATMENT FTY 4 ☒ HOSP. 5 ☐ NURSING HOME 6 ☐ OTHER PLACE				13. SMOKING IN LAST 15 YEARS? (Yes / No)		
Vancouver	SW Washington Medical Center				No		
14. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)			
Married	Pauline C. Gory	[redacted]	12				
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify:	21. RACE (Specify)				
Builder	Construction	No	White				
22. RESIDENCE — NUMBER AND STREET	23. CITY/TOWN, OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO.	26. STATE	27. ZIP CODE	
1042 Riverside Dr.	Washougal	No	Skamania	55 Yrs	WA	98671	
28. FATHER'S NAME — FIRST, MIDDLE, LAST		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME					
Harry Hathaway		Fannie Starmer					
30. INFORMANT - NAME	31. MAILING ADDRESS — STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP			
Pauline Hathaway	1042 Riverside Dr.	Washougal	WA	98671			
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo., Day, Yr.)	34. CEMETERY/CREMATORY — NAME	35. LOCATION — CITY/TOWN, STATE				
Burial	11/13/1998	Camas Cemetery	Camas, Washington				
36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY					
X C. M. Straub	STRAUB'S FUNERAL HOME	325 NE 3rd Ave Camas, WA 98607					

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. **TO THE BEST OF MY KNOWLEDGE** DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE

X

40. DATE SIGNED (Mo., Day, Yr.)

41. HOUR OF DEATH (24 Hrs.)

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE

X Medical Examiner

44. DATE SIGNED (Mo., Day, Yr.) Nov.10,1998

45. HOUR OF DEATH (24 Hrs.) 1615

46. PRONOUNCED DEAD (Mo., Day, Yr.) Nov. 9,1998

47. HOUR PRONOUNCED DEAD (24 Hrs.) 1615

48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)

Dennis J. Wickham MD Medical Examiner PO Box 5000 Vancouver WA

49. MEICORONER FILE NUMBER 98-947

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

A Congestive Heart Failure	DUE TO, OR AS A CONSEQUENCE OF:	INTERVAL BETWEEN ONSET AND DEATH
B Calcific Aortic Valvular Disease and		INTERVAL BETWEEN ONSET AND DEATH
Occlusive Atherosclerotic Cardiovascular Disease	DUE TO, OR AS A CONSEQUENCE OF:	INTERVAL BETWEEN ONSET AND DEATH
C		INTERVAL BETWEEN ONSET AND DEATH
D		

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE

52. AUTOPSY? (Yes / No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
Yes	Yes

54. ACC, SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo., Day, Yr.)	56. HOUR OF INJURY (24 Hrs.)	57. DESCRIBE HOW INJURY OCCURRED.
Accident	11-06-98	Unknown	Deceased fell at Home
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)	60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE	
No	Home	1042 Riverside Drive Washougal Wa	

61. RECORD AMENDMENT (Registrar use only)

ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE

62. REGISTRAR SIGNATURE

X Dave Steingart, mal

63. DATE RECEIVED (Mo., Day, Yr.) NOV 12 1998

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150) A

DOH 01-003 (5/99)

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